

12/06/00

1-850 U.S. PATENT

Please type a plus sign (+) inside this box →

PTO/SB/05 (12/97)
OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	C-3362/0/US	Total Pages	31
First Named Inventor or Application Identifier			
Nadkarni, S.			
Express Mail Label No.	EJ714339597US		

678152/60
01 30 0694
12/06/00

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 22]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D Invention
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) [Total Sheets 4] [Total Pages 1]
4. ☒ Oath or Declaration
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ New correspondence address below

NAME	Pharmacia Corporation			
	Patent Department Central, 1820			
ADDRESS	P.O. Box 5110			
CITY	Chicago	STATE	IL	ZIP CODE
		TELEPHONE	847-581-6310	FAX
				847-581-6881
COUNTRY	US			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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FEE TRANSMITTAL**Complete if Known**

Application Number	To Be Assigned
Filing Date	December 6, 2000
First Named Inventor	Nadkarni, S.
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	C-3362/0/US

TOTAL AMOUNT OF PAYMENT (\$ 710)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **19-1025**
Deposit Account Name **Monsanto Company**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	710
106	330	206	165	Design filing fee	—
107	540	207	270	Plant filing fee	—
108	790	208	395	Reissue filing fee	—
114	150	214	75	Provisional filing fee	—
SUBTOTAL (1)					(\$ 710)

2. CLAIMS

	Extra	Fee from below	=	Fee Paid
Total Claims 18 - 20 =	—	X 18.00	=	—
Independent 3 - 3 =	—	X 78.00	=	—
Claims			=	0

Multiple Dependent Claims

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	260	204	135	Multiple dependent claim
109	82	209	41	Reissue independent claims over original patent
110	22	210	11	Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 710)				

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	—
127	50	227	25	Surcharge - late provisional filing or cover sheet	—
139	130	139	130	Non-English specification	—
147	2,520	147	2,520	For filing a request for reexamination	—
112	920	112	920	Requesting publication of SIR prior to Examiner action	—
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	—
115	110	215	55	Extension for response within first month	—
116	400	216	200	Extension for response within second month	—
117	950	217	475	Extension for response within third month	—
118	1,570	218	755	Extension for response within fourth month	—
119	310	219	155	Notice of Appeal	—
120	310	220	155	Filing a brief in support of an appeal	—
121	270	221	135	Request for oral hearing	—
138	1,510	138	1,510	Petition to institute a public use proceeding	—
140	110	240	55	Petition to revive unavoidably abandoned application	—
141	1,320	241	660	Petition to revive unintentionally abandoned application	—
142	1,320	242	660	Utility issue fee (or reissue)	—
143	450	243	225	Design issue fee	—
144	670	244	335	Plant issue fee	—
122	130	122	130	Petitions to the Commissioner	—
123	50	123	50	Petitions related to provisional applications	—
126	240	126	240	Submission of information Disclosure Stmt	—
581	40	581	40	Recording each patent assignment per property (times number of properties)	—
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	—
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	—
Other fee (specify) —					—
Other fee (specify) —					—
SUBTOTAL (3)					(\$ 0)

* Reduced by Basic Filing Fee Paid

Complete (if applicable)

SUBMITTED BYTyped or Printed Name **Jam s C F r b s**

Signature

*James C. Forbes***Reg. Number****39,457**

Date

December 6, 2000

Deposit Acct. User ID

19-1025